

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10652313

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	9	
FOR :	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	9 minus 20=	* —
INDEPENDENT CLAIMS	1 minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					RATE	ADDITIONAL FEE
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>				

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	375.00	BASIC FEE	750.00
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL	375	TOTAL	

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					RATE	ADDITIONAL FEE
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>				

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

X\$ 9=

X\$18=

X42=

X84=

+140=

+280=

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					RATE	ADDITIONAL FEE
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>				

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

X\$ 9=

X\$18=

X42=

X84=

+140=

+280=

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Formality Review Claims Count Sheet

Date:

Case No.

No.	As Filed Ind. Dep.		No.	As Filed Ind. Dep.		No.	As Filed Ind. Dep.		No.	As Filed Ind. Dep.		No.	As Filed Ind. Dep.		
1			41			81			121			161			
2			42			82			122			162			
3			43			83			123			163			
4			44			84			124			164			
5			45			85			125			165			
6			46			86			126			166			
7			47			87			127			167			
8			48			88			128			168			
9			49			89			129			169			
10			50			90			130			170			
11			51			91			131			171			
12			52			92			132			172			
13			53			93			133			173			
14			54			94			134			174			
15			55			95			135			175			
16			56			96			136			176			
17			57			97			137			177			
18			58			98			138			178			
19			59			99			139			179			
20			60			100			140			180			
21			61			101			141			181			
22			62			102			142			182			
23			63			103			143			183			
24			64			104			144			184			
25			65			105			145			185			
26			66			106			146			186			
27			67			107			147			187			
28			68			108			148			188			
29			69			109			149			189			
30			70			110			150			190			
31			71			111			151			191			
32			72			112			152			192			
33			73			113			153			193			
34			74			114			154			194			
35			75			115			155			195			
36			76			116			156			196			
37			77			117			157			197			
38			78			118			158			198			
39			79			119			159			199			
40			80			120			160			200			
T. Ind.	1			T. Ind.											
T. Dep.	8			T. Dep.											
Total	9			Total			Total			Total			Total		